

Chorley and South Ribble Clinical Commissioning Group and Greater Preston Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for Bunion (Hallux Valgus) Surgery

1	Introduction
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	<p>Hallux Valgus is often referred to as a bunion. This is where the big toe (hallux) deviates towards the other toes, and in severe cases can overlap it. As a result of this movement, a bony protrusion (bunion) occurs on the inside of the foot. There can be damage to the skin over the bunion, where it becomes inflamed (1).</p> <p>Hallux valgus is a common foot deformity, which can lead to functional disability, pain in the foot, impaired gait pattern, poor balance and falls in older people. For patients with diabetes, untreated bunions can lead to ulceration, deep infection.</p> <p>It is estimated that 2% of children 9-10 years old have a bunion, in the adult population the prevalence is estimated at between 23% and 28 %. Prevalence increases with age and is higher in females than males (1).</p> <p>In order to correct the deformity there are a number of surgical procedures available, these include fusion of the joint (arthrodesis), excision of the joint (Keller's procedure), osteotomy and joint replacement with an artificial implant.</p>
2.2	The scope of this policy includes requests for surgical correction for symptomatic hallux valgus.
2.3	The scope of this policy does not include commissioning for surgery for prophylactic or cosmetic reasons for asymptomatic bunions.
2.4	The Commissioning Organisation recognises that a patient may

	<ul style="list-style-type: none"> • suffer from hallux valgus • wishing to have a service provided for their hallux valgus • being advised that they are clinically suitable for surgical correction of their deformity/hallux valgus • be distressed by their condition and by the fact that that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.7	<p>The National Institute for Health and Care Excellence (NICE) have produced a number of publications, firstly Clinical Guideline CG 177, Osteoarthritis: Care and management in adults 2014 which includes the foot. The recommendation is that treating common presentations of osteoarthritis for which this is limited evidence. The recommendation from NICE is further research is required on the effectiveness of treatments (2)</p> <p>In addition NICE have published two interventional procedure guidance (IPG) concerning hallux valgus. IPG 140 supports the metatarsophalangeal joint replacement of the hallux (3) whereas IPG 332 stresses caution for the implementation of surgical correction of hallux valgus using minimal access techniques (4)</p>
3	Appropriate Healthcare
3.1	The Commissioning Organisation considers that the purpose of this surgical intervention is to improve the health of patients by reducing pain, discomfort and functional disability.
4	Effective Healthcare
4.1	<p>The commissioning organisation recognises that there is a small robust evidence base about the efficacy of surgical intervention for the treatment of hallux valgus (5,6).</p> <p>Referral to secondary care for consideration for surgical intervention should not occur for prophylactic or cosmetic reasons, and a period of conservative measure must have been trialled first.</p> <p>It has been identified that distal chevron osteotomy was likely to be beneficial and more effective than no treatment. However it has been concluded that the selection of the surgical procedure used will depend on the patient's clinical presentation (7).</p>
5	Cost Effectiveness
5.1	The CCG does call into question the cost-effectiveness of hallux valgus

	<p>surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, then the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.</p>
6	Ethics
6.1	The Commissioning Organisation considers that Hallux Valgus Surgery meets the criterion for ethical healthcare delivery.
7	Affordability
7.1	<p>The Commissioning Organisation call into question the affordability of these procedures and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.</p>
8	Policy
8.1	<p>The Commissioning Organisation will only commission hallux valgus surgery when all of the following criteria are satisfied:</p> <ul style="list-style-type: none"> • The patient experiences persistent significant pain and functional impairment that is interfering with the activities of daily living <p>AND</p> <ul style="list-style-type: none"> • All appropriate conservative measures have been tried over a 6 month period and failed to relieve symptom, including <ul style="list-style-type: none"> ➤ Up to 12 weeks of evidence based non- surgical treatments, i.e analgesics/painkillers ➤ Bunion pads ➤ Footwear modifications- i.e appropriate footwear with adequate toe box, with stiff sole <p>AND</p> <ul style="list-style-type: none"> • The patient understands that they will be out of sedentary work for 2-6 weeks and physical works for 2-3 months and they will be unable to drive for 6-8 weeks. <p>OR</p> <ul style="list-style-type: none"> • There is a high risk of ulceration or other complication, for example neuropathy for patients with diabetes. <p>Or when exceptionality has been demonstrated in accordance with section 9 below.</p>
8.2	Well documented evidence of significant pain that is present all or most of the

	time and preventing usual activities should be presented.
9	Exceptions
9.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
10	Force
10.1	This policy remains in force for a period of three years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.
11	References
	<ol style="list-style-type: none"> 1. Nix, S., Smith, M., and Vicenzino, B (2010) Prevalence of hallux valgus in the general population: a systematic review and meta- analysis. Journal of Foot and Ankle research. https://footankleres.biomedcentral.com/articles/10.1186/1757-1146-3-21 2. NICE Clinical Guidance [CG177]: Osteoarthritis: Care and management in adults (2014) . [online]. Available from: www.nice.org.uk/guidance/cg177 3. NICE Interventional Procedure guidance [IPG 140] Metatarsophalangeal joint replacement of the hallux valgus (2005). [online]. Available from:www.nice.org.uk/guidance/ipg140 4. NICE Interventional Procedure Guidance (IPG 332); Surgical correction of hallux valgus using minimal access techniques (2012) [online]. Available from: www.nice.org.uk/guidance/ipg332 5. Ferrari J(2009) Hallux valgus (bunions). Systematic review 1112. BMJ Clinical Evidence 6. Cochrane Review: Ferrari, J., Higgins JPT., Prior TD. (2004) Interventions for treating hallux valgus (abductovalgus) and bunions. 7. Royal College of Surgeons : Commissioning Guide: painful deformed great toe in adults (2016) [online]. Available from: www.boa.ac.uk/wp-content/uploads/2016/08/Painful-Deformed-Great-Toe-Draft-Revised-Guide-FinalForConsultation.pdf 8. Greater Manchester EUR Policy Statement: Bunion (hallux Valgus) Surgery – Greater Manchester Shared Services(2016). [online]. Available from: http://northwestcsu.nhs.uk/BrickwallResource/GetResource/4e713d27-aae5-4357-a0a9-e4ee2a455c61

	<p>9. NHS England (2013) Interim Clinical commissioning Policy: Bunion Surgery. [online]. Available from: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC014.pdf</p> <p>10. NHS South Warwickshire Clinical Commissioning Group (2016) Hallux Valgus (bunions) [online]. Available http://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=0474be04-76c9-4ae3-a99d-9bb88a326f21</p>
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